

SPACE AVAILABLE TRAVEL REQUEST <small>(This form is affected by the Privacy Act of 1974--See below)</small>				INSERT HERE	
This information is required for space available travel registration. Upon completion, place the upper right corner of this form, and the back of your leave form into the Date/Time validator. Be sure to deposit one copy of this request into the box; retain carbon copy for the Space Available roll call. Space A sign-up is good for a 60 day period, or when your leave expires, whichever comes first. For facsimile (fax) requests, telefax header will establish date/time of sign-up.					
PLEASE PRINT CLEARLY					
1. NAME (Last, First, MI)					
2. RANK/GRADE		3. SSN		4. SEATS REQUIRED	
5. TRAVEL STATUS (Type of Leave)				FOR OVERSEAS TRAVEL: Border Clearance Documents Current? <input type="checkbox"/> YES <input type="checkbox"/> NO (See note on reverse)	
<input type="checkbox"/> CATEGORY I -- Civ or Mil Dependent on Emergency Leave					
<input type="checkbox"/> CATEGORY II -- Environmental Morale Leave (EML)					
<input type="checkbox"/> CATEGORY III -- Active Duty on Ordinary Leave / House Hunting					
<input type="checkbox"/> CATEGORY IV -- (EML) Unaccompanied Dependents					
<input type="checkbox"/> CATEGORY V -- Permissive TDY or TAD / Student Travel / Overseas Command - Sponsored Dependents					
<input type="checkbox"/> CATEGORY VI -- Retired Military / Reserves					
6. SERVICE:		<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AF <input type="checkbox"/> MARINES <input type="checkbox"/> OTHER			
7. DATE LEAVE BEGINS (Active Duty Only)		8. DATE LEAVE ENDS (If extended, you must notify us before this date)			
9. COUNTRY CHOICES (List up to 5; one choice may be all)					
10. LIST NAMES OF DEPENDENTS TRAVELING AND TYPE OF PASSPORT (US or Foreign)					
11. I CERTIFY THAT I AM ON LEAVE OR PASS STATUS AT THE TIME I REGISTER FOR SPACE AVAILABLE TRAVEL AND WILL REMAIN IN SUCH STATUS WHEN AWAITING AND/OR HAVE BEEN ACCEPTED FOR SPACE AVAILABLE TRAVEL. IF ACCOMPANIED BY DEPENDENTS, I FURTHER CERTIFY THAT MY TRAVEL IS NOT IN CONJUNCTION WITH TDY/TAD AND THAT I AM NOT USING SPACE AVAILABLE TRAVEL TO TRANSPORT MY DEPENDENTS TO OR FROM MY RESTRICTED DUTY STATION OR ALL OTHERS (UNACCOMPANIED) TOUR LOCATION STATION. I CERTIFY THAT MY REQUEST FOR, AND ACCEPTANCE OF, TRANSPORTATION VIA DOD-OWNED OR CONTROLLED AIRCRAFT IS NOT FOR PERSONAL GAIN, NOR FOR, OR IN CONNECTION WITH BUSINESS OF ANY NATURE AND THAT THIS TRIP WILL NOT RESULT IN ANY FORM OF REMUNERATION TO MYSELF OR TO MY FAMILY. I UNDERSTAND VIOLATION OF ANY OF THE ABOVE COULD RESULT IN BILLING AND/OR PUNITIVE ACTION.					
12. DATE		13. SIGNATURE			
PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 8013; EO 9397, 22 November 1943. PRINCIPAL PURPOSE: To apply for air travel. SSN is needed for positive ID. ROUTINE USE(S): Records from this system of records may be disclosed for any of the blanket routine uses published by the Air Force. DISCLOSURE IS VOLUNTARY: Failure to provide the information may result in member not being accepted for travel on military aircraft. Disclosure of SSN is voluntary.					

AMC FORM 140, MAR 99 (EF) (FormFlow Ver 2.15)

AMC COPY

REPLACES AMC FORM 140, FEB 95